

CITY OF YONKERS ASSESSMENT DEPARTMENT

Certificate of Exclusion – Due June 1, 2016

AS REQUIRED BY LOCAL LAW NO. 9 OF 1993

COYEXC-2016

PART 1. PROPERTY IDENTIFICATION & OWNERSHIP							
SECTION		BLOCK		LOT 1		LOT 2	
PARCEL ADDRESS							
ADDRESS							
OWNER NAME				MAILING ADDRESS			
CITY		STATE				ZIP	
PART 2. REASON FOR EXCLUSION							
<p>Place an "X" in the box(s) corresponding to the reason(s) why you are not required to file a City of Yonkers Income and Expense Statement.</p> <p>By Law, I am not required to file an Income and Expense Statement because the property:</p> <ul style="list-style-type: none"> A. is completely owner-occupied B. is completely residential, containing three or fewer apartments. C. is fully exempt from City of Yonkers real property taxation and does not make a payment in lieu of taxes. D. is an exclusively residential cooperative. E. is exclusively residential condominium. F. is owned and fully occupied or used by a utility. G. is abandoned or uninhabitable and not income producing. H. is vacant land or a vacant dwelling and not income producing. I. had a building that was demolished on or before October 15, 2015 J. is under construction and will not be completed before October 15, 2015. K. was purchased on or before October 15, 2015. (Contract of sale, deed and closing statement must be attached.) L. Other (Explain) _____ 							
PART 3. AUTHORITY AND SIGNATORY							
<p>This form must be signed by the owner(s) of the property or his/her authorized agent. An attorney/agent must attach a notarized power of attorney (original or photocopy acceptable). If this form is not signed by a person holding one of the titles listed below, the filing will be considered null and void.</p> <p>Place an "X" in the appropriate box</p> <p>I am</p> <ul style="list-style-type: none"> A. the owner B. a general partner of the partnership that owns this property C. a corporate officer of the corporation that owns the property. specify position: _____ D. the attorney/agent for the owner, partnership or corporation (A notarized power of attorney must be attached.) E. trustee or receiver F. executor/executrix/administrator/administratrix of the decedent's estate G. official of a government agency holding title to the above-referenced property specify position: _____ H. mortgage (bank) in possession of foreclosed property I. lessee of the property <p>I certify that all the information in this statement is true and correct to the best of my knowledge and belief. I understand that the willful making of any false statements of material fact herein will subject me to the provisions of law relevant to the making and filing of false statements and will render this statement null and void.</p>							
Signature _____				Name(please print) _____		Date _____	